The Eleventh Meeting of Ministers of Health of the countries of the WHO South-East Asia Region was held in Kathmandu, Nepal, from 1 to 3 November 1993. It was attended by the ministers of health of all the Member Countries except Bhutan, which was represented by an observer. The Director-General of WHO, Dr Hiroshi Nakajima, addressed the ministers and participated in the discussions. The substantive items considered at the meeting were: (1) TCDC programming in health, (2) Health management, including development of human resources for health, (3) New thrusts and concerns in Health – AIDS and EPI-targeted diseases, and (4) future actions for old scourges – malaria, tuberculosis and leprosy. The need to build up common principles and establish guidelines and equitable conditions for technical cooperation among developing countries was recognized. The ministers suggested setting up a committee to study TCDC on a broad base and developing a plan of action. They also suggested formulating plans and programmes for strengthening health management and ensuring balanced development in terms of the number and geographical distribution of human resources for health.

The ministers acknowledged the need to take urgent steps to arrest the incidence of HIV/AIDS. Concerned with the threat posed by malaria, tuberculosis and leprosy, they agreed to strengthen the control programmes. The ministers also recommended the setting up of an Emergency Preparedness and Response Centre in Dhaka.

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WHO’s General Programme Development and Management

Regional Director’s Development Programme
This programme is intended to facilitate quick response to emergencies and to support innovative approaches. Emergency health kits were supplied to Bangladesh, India, Myanmar and Nepal following earthquakes, cholera outbreaks and floods. A review of the current knowledge and research work in South-East Asian
countries relating to the malariogenic stratification methodology incorporating a remote sensing and geographical information system was undertaken. Some meetings, workshops and studies at national level were supported.

In pursuance of Regional Committee resolution SEA/RC46/R6, the Regional Director convened an ad hoc sub-committee of the Regional Committee to further study the implications of the recommendations of the Executive Board Working Group on the WHO Response to Global Change. This sub-committee met in the Regional Office on 5 and 6 November 1993 and made an in-depth review of the implications of the Executive Board Working Group's recommendations at country and regional levels. The report of the sub-committee, embodying its discussions and views/comments on the implications of implementing the recommendations, was transmitted to the Director-General for consideration by the Executive Board at its session in January 1994.

At its twenty-fifth meeting in April 1994, the Consultative Committee for Programme Development and Management (CCPDM) reviewed the implementation of WHO's collaborative programmes in the Member Countries during the 1992-1993 biennium, as well as the proposed intercountry programme budget for the 1996-1997 biennium.

A new trend of multi-agency collaborative programmes to deal with major health problems is emerging. This would lend a new dimension and perspective to WHO's coordinating role and inter-agency relationship. The Organization collaborated in the formulation of country strategy notes in those countries where the governments had undertaken this exercise, and worked closely with the ministries of health to ensure proper presentation of the health priorities.

WHO continued to collaborate with UNDP on important health-related issues. UNDP approved five new projects in the health sector in Myanmar, of which four – Integrated Primary Health Care, Malaria Control, Community Rehabilitation of Leprosy patients and Prevention and Control of AIDS – are being executed by WHO. In Nepal, UNDP approved the project “Human Resource Development for the Water Supply and Sanitation Sector”, to be
executed by WHO. In Sri Lanka, the Organization participated in the formulation of the UNDP project on strengthening health care facilities in the North and East, and, in Mongolia, supported UNDP in the formulation of the health components of the poverty alleviation strategy. During the year under report, the Regional Office executed two intercountry and sixteen country projects funded by UNDP. Under UNDP's new thematically oriented programme approach, its investment in the health sector has diminished considerably.

WHO continued to provide support to UNFPA programme reviews and project formulation missions. The Regional Office executed one intercountry and five country projects and participated as associate agency in the implementation of the UNFPA-funded MCH project in Bhutan.

WHO and UNICEF pursued common goals and cooperated in the child survival initiative, and in safe drinking water, safe motherhood, EPI, nutrition, essential drugs, healthy lifestyle for youth, AIDS control, and the prevention of diarrhoeal diseases and ARI programmes. The two organizations also participated in the Rural Cohort Study on Child Survival in India and in the development of a communication strategy for AIDS prevention in Myanmar.

WHO's collaboration with the United Nations International Drug Control Programme (UNDCP) in the drug abuse control programme in Sri Lanka and India continued. Similar collaborative activities are likely to be extended to Bangladesh.

The Regional Office actively supported ESCAP in preparations for the World Summit for Social Development to be held in 1995. WHO was represented at a task force set up by ESCAP to promote inter-sectoral preparation for the Regional Ministerial Conference on Social Development to be held in Manila in October 1994. The Regional Office contributed a paper on Eradication of Preventable Diseases in the Asia and Pacific Region for this conference. It also participated in the 50th session of ESCAP, held in New Delhi in April 1994.

WHO's collaboration with the World Bank and the Asian Development Bank has been growing with the increasing involvement of these institutions in the health sector. The second joint meeting of WHO and the Asian Development Bank was held in October 1993 in Manila to review the progress of collaborative activities.
between the two organizations. The framework of a new partnership with the Bank at technical level was also discussed at this meeting.

The Regional Office continued to execute twenty-two specific components of the Fourth Population and Health Project in Bangladesh funded by the World Bank and its cofinanciers, and provided technical support for the implementation, monitoring and evaluation of the IDA-funded AIDS prevention, leprosy eradication, prevention of blindness and tuberculosis control programmes and the sixth population project in India.

DANIDA continued to support the health learning materials project in Mongolia. The Swedish International Development Agency (SIDA) funded tuberculosis and leprosy control programmes in India under WHO execution. DANIDA and FINNIDA jointly funded the Essential Drugs Programme in Bhutan. The Italian Government continued to provide financial assistance to the disaster preparedness and response programmes in Bangladesh, Myanmar and Sri Lanka. CIDA, AIDAB, KFW, JICA, Netherlands, USAID, ODA, and NORAD are among the other major bilateral donors who supported a wide range of health projects in the Region. WHO maintains close collaboration with these agencies.

A new initiative was undertaken to enhance the participation of NGOs, particularly those focusing on women, in AIDS prevention and control programmes through partnership between governments, NGOs and WHO. WHO continued to promote and encourage the involvement of youth and women's organizations in the Health-for-All movement. Representatives of the Japanese Pharmaceutical Association (JPMA) visited the Regional Office to explore the possibility of developing collaborative programmes in specialized training in pharmaceuticals and also in the supply of essential drugs. The Regional Office also collaborated with the MSF (Holland) in malaria control activities in Myanmar.

The increasing importance being given to emergency preparedness and humanitarian operations by the UN system has resulted in WHO having a larger responsibility to support the health aspects of such activities. Thus, assistance was given in formulating national emergency preparedness and response (EPR) programmes and plans and in strengthening the infrastructure for improving EPR operations in Bangladesh, Indonesia, Myanmar, Mongolia and Nepal.

Highlights of the Work of WHO in SEA
The Italian Government-funded project "Health and Development for Displaced Populations" (HEDIP) in Sri Lanka made significant progress. A joint WHO/Italian Government mission visited Bangladesh in March 1994 to review the progress of EPR activities under an Italian grant, and assistance was provided for strengthening the operational and technical capacity of the EPR cell in the Ministry of Health. The Italian Government also provided financial assistance through WHO to the emergency preparedness and response programme in Myanmar. In Nepal, the Regional Office supplied emergency kits to help mitigate the suffering in flood-affected areas. WHO supported Indonesia's participation in the World Conference on Natural Disaster Reduction, held in Yokohama, Japan, in May 1994. A comprehensive training programme in the management of emergency preparedness and relief operations is being developed for the Region. A feasibility study is to be carried out for the establishment of the proposed emergency preparedness response centre for Asia and the Pacific in Bangladesh.

Health-for-All
Countries of the Region have undertaken the third monitoring of the implementation of HFA strategies to analyse, update and strengthen the strategies in the light of the results. In the wake of political and economic restructuring in some countries and the resultant need to reorient/restructure health systems and health care financing, technical cooperation among developing countries (TCDC) in the field of health has acquired increased importance. Efforts are under way to develop an action plan for TCDC within a broad framework to intensify and expand support to the countries. Thailand has initiated a move to meet with its neighbours in the TCDC framework, with particular attention to the prevention and control of communicable diseases. A study on health of the underprivileged was supported in Bangladesh. In Indonesia, a series of activities to strengthen the capacity of leaders in health and health-related fields to identify, analyse and resolve critical issues was undertaken. With WHO support, a workshop on training and advocacy for HFA leadership was held in Mongolia.

Informatics
Management
Most WHO and national programmes strengthened the application of information technologies. National programme managers are aware of the potential of information technologies in support of programme management and more confident in their use. At district and lower levels, the lack of training opportunities and adequate...
resources has prevented the introduction of informatics and telematics technologies for the development of computerized management information systems.

In the Regional Office, corporate systems were further developed, and the technical databases for SEARO units and the Offices of WHO Representatives were developed. An electronic mail system was installed based on the Internet global network system, which will streamline communications within WHO and between WHO and Member States in the near future. A new Administrative and Financial Information (AFI) System is being redesigned and developed, which should allow all programme managers easy on-line access to budget data by the end of the current biennium.

Health System Development

The Regional Office and countries of the Region contributed extensively to the refinement of the Common Framework for Monitoring (CFM3), which was used by WHO's Member Countries to carry out the third monitoring exercise. The regional report, based on those sent to WHO by the countries, will be presented to the Regional Committee. The countries of the Region continued their efforts to strengthen their health information systems by improving the coverage and quality of data recorded and reported at operational level. The generation and use of disaggregated data and rational reduction of the information load have been promoted. Technical support was extended to Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal and Sri Lanka in building up decentralized, user-oriented and integrated systems with emphasis on the collection and use of critical and simple information.

Indonesia, Mongolia, Sri Lanka and Thailand continued with work on early implementation of the 10th Revision of the International Classification of Diseases. In Indonesia, work on the development of health profiles at local level and the collection of relevant information was undertaken.